

2002

California Allocation of Estimated Tax Payments to Beneficiaries

541-T

For calendar year 2002 or fiscal year beginning month ____ day ____ year 2002, and ending month ____ day ____ year ____

Name of estate or trust

FEIN

Name and title of fiduciary

Address of fiduciary (number and street or PO Box)

Suite no.

PMB no.

City

State

ZIP Code

If you are filing this form for the final year of the estate or trust, check this box ☐

1 Total amount of estimated taxes to be allocated to beneficiaries. \$ _____

2 Allocation to beneficiaries:

(a) No.	(b) Beneficiary's name and address	(c) Beneficiary's SSN or FEIN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration percentage
1				%
2				%
3				%
4				%
5				%
6				%
7				%
8				%
9				%
10				%
3	Total from additional sheet(s)		3	%
4	Total amounts allocated. (Must equal line 1, above)		4	%

Sign Here

Signature of fiduciary or officer representing fiduciary

Date

Mailing
AddressFRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002**Note:** Do not file with Form 541.

Instructions for Form 541-T

California Allocation of Estimated Tax Payments to Beneficiaries

General Instructions

A Purpose

A trust or, for its final year, a decedent's estate may elect under Revenue and Taxation Code Section 17731 and Internal Revenue Code Section 643(g)(1)(B) to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The fiduciary files Form 541-T to make the election. Once made, the election is irrevocable.

Note: Do not distribute withholding to beneficiaries on Form 541-T.

B How to File

File Form 541-T separately from Form 541, California Fiduciary Income Tax Return. Do not attach Form 541-T to Form 541.

C Where to File

Mail Form 541-T to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002

D When to File

For the election to be valid, a trust or decedent's estate must file Form 541-T by the 65th day after the close of the tax year as shown at the top of the form. If the due date falls on a Saturday, Sunday, or legal holiday, file on the next business day. For a calendar year trust, the due date is on or before Thursday, March 6, 2003.

E Period Covered

File Form 541-T for calendar year 2002 and fiscal years beginning in 2002. If the form is for a fiscal year or a short year, enter the tax year in the space at the top of the form.

F Internet Access

You can download, view, and print California tax forms and publications from our Website at: www.ftb.ca.gov

Access other state agencies' websites through the State Agency Index on California's Website at: www.ca.gov

Specific Line Instructions

Fiduciary's Street Address

Include suite, room, unit number, etc. after the street address. If the post office does not deliver mail to the street address and the fiduciary has a PO box, show the PO box number instead of the street address.

Private Mailbox (PMB) Number

If you lease a PMB from a private business rather than from the United States Postal Service, include the box number in the field labeled "PMB no." in the address area.

Line 1

Enter the amount of the estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the tax year of the trust or decedent's estate. Be sure to include the amount on Form 541, Schedule B, Income Distribution Deduction, line 11.

Line 2

Column (b) – Beneficiary's name and address

Group the beneficiaries to whom you are allocating estimated tax payments into two categories. In the first category, list all the individual beneficiaries who have a social security number (SSN). In the second category, list all the other beneficiaries.

Column (c) – Beneficiary's identifying number

For each beneficiary who is an individual, enter the SSN. For all other entities, enter the federal employer identification number (FEIN). Failure to enter a valid SSN or FEIN may cause a delay in processing and could result in the imposition of penalties on the beneficiary. For those beneficiaries who file a joint income tax return, you can assist the Franchise Tax Board in crediting the proper account by providing the SSN, if known, of the beneficiary's spouse. However, this is an optional entry.

Column (d) – Amount of estimated tax payment allocated to beneficiary

For each beneficiary, also enter this amount on Schedule K-1 (541), Beneficiary's Share of Income, Deductions, Credits, etc., line 11a.

Column (e) – Proration percentage

For each listed beneficiary, divide the amount shown in column (d) by the amount shown on line 1 and enter the result as a percentage.

Line 3

If you are allocating a payment of estimated taxes to more than 10 beneficiaries, list the additional beneficiaries on an attached sheet that follows the format of line 2. Enter on line 3 the total from the attached sheet(s). Include the fiduciary name and FEIN on the attached sheet.